RECIPIENT ELIGIBILTY

OVERVIEW

Medicaid Coverage

Individuals may apply for South Dakota Medicaid/CHIP online through http://dss.sd.gov/applyonline, in person at their local DSS office, or by mailing an application to any Department of Social Services (DSS) Division of Economic Assistance office. Applications are available for download here.

Individuals approved are eligible beginning the first day of the month in which they are eligible. An individual may request retroactive coverage for the three months immediately preceding the application month if the individual had health care expenses in those months and met the South Dakota Medicaid eligibility criteria in those months.

Applications for coverage which require a disability determination to be made will be processed within 90 days. All other applications will be processed within 45 days.

South Dakota Medicaid Card

The South Dakota Medicaid Identification Card is issued by the Department of Social Services on behalf of eligible South Dakota Medicaid recipients. The magnetic stripe card has the same background as the Supplemental Nutrition Assistance Program (SNAP) EBT card.
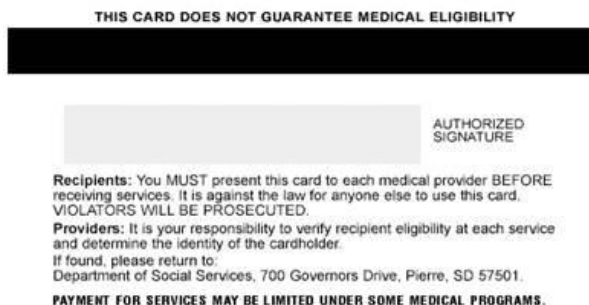
Recipients must present a South Dakota Medicaid identification card to a South Dakota Medicaid provider each time before obtaining a South Dakota Medicaid covered service as stated in the Medicaid Recipient Handbook. Failure to present the South Dakota Medicaid identification card or notify providers of Medicaid eligibility may be cause for payment denial. Payment for non-covered services is the responsibility of the recipient per ARSD 67:16:01:07.

The information on the face of the card includes the recipient's complete name (first, middle initial and last), the nine-digit recipient ID number, a three-digit generation number, and the recipient's date of birth and sex. Information entered on a claim submitted to South Dakota Medicaid must match the information on the card exactly. Do not use nicknames or different spelling from the name on the Medicaid ID card. The three-digit generation number is not part of the recipient's ID number and should not be entered on a claim. Each card has an individual name on it. There are no family cards.

The Medicaid ID card does not guarantee Medicaid eligibility. South Dakota Medicaid recommends providers verify current eligibility before providing services using the South Dakota Medicaid online portal or via another mechanism.

VERIFYING ELIGIBILITY

Online Portal

South Dakota Medicaid recommends using the online portal to verify Medicaid eligibility. Information about how to sign-up or login to the online portal is available here:
https://dss.sd.gov/medicaid/portal.aspx

Online Portal Recipient Eligibility Inquiry

1. Enter a Date of Service.
   - Searches for future dates of eligibility are not available. Data is available through the end of the current month.
   - Searches are limited to a 6-month span at one time.
   - Retroactive searches are available for the prior 3 years.
   - If no date is selected, the search will be for the current date through the end of the month.
2. Select a search option. There are 2 search options:
   1. Enter the Medicaid ID number.
   2. Enter three of the following four fields:
      - First name

- Last name
- Date of Birth
- Last four digits of Social Security Number
3. Click Add.
   - Providers may add up to 5 recipients at one time.
4. Click Check Eligibility.

The recipient/recipients will appear below the search options. Select View on the recipient you wish to verify.

Recipient Eligibility Inquiry screen:

11/07/2018	Recipient Eligibility Inquiry	South Dakota Medicaid Online Portal
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Insured Information

Recipient ID: 012345678   Recipient Name: GEORGE W WASHINGTON

Gender: M   123 IDAHO FALLS AVE SE,

Date of Birth: 10/14/2011   MERRYVILLE, SD, 51234

Eligibility   Dates are valid for current query.

> **75-Active Coverage: Medicaid - Full Coverage**
>
> Eligibility : 11/7/2018 - 11/30/2018

Primary Care Provider/Health Homes Provider

Primary Care Provider   Eligibility : 11/7/2018 - 11/30/2018

    MERRYVILLE COMMUNITY HEALTH   MERRYVILLE COMMUNITY HEALTH

    1000 18TH ST SW STE 27

    MERRYVILLE, SD 51234-3488

    (605) 123-4567

Co-Payment Required

    Amount : $0.00   * Zero Co-pay applies to PCP only

Interactive Voice Response / Telephone Service Unit
Providers may call South Dakota Medicaid's telephone service unit at 1-800-452-7691 to verify eligibility through the Interactive Voice Response System (IVR). Your provider NPI number and the recipient's Medicaid ID number are required to check eligibility using the IVR. Each call takes approximately one minute to complete.

Information is limited to current eligibility and PCP/Health Home information.

Medicaid Eligibility Verification System
South Dakota Medicaid also provides the option of verifying eligibility through the Medicaid Eligibility Verification System (MEVS). All three MEVS options provide prompt response times, printable receipts, and can verify eligibility status for prior dates of service. There is a nominal fee for verifications obtained through these Emdeon products.

MEVS offers the following ways to verify recipient eligibility:

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- Point of Sale (POS) Device: Through the magnetic strip, the provider can swipe the card and have an accurate return of eligibility information in approximately 10 seconds. The POS is typically used at a pharmacy.
- PC Software: The provider can enter the Medicaid recipient ID number into PC software and in about 10 seconds have an accurate return of eligibility information.
- Secure web-based site.

For more information about the MEVS system, contact Emdeon at 1-866-369-8805 for new customers and 1-877-469-3263 for existing customers or visit Emdeon's website at www.emdeon.com.

MEDICAID COVERAGE PROGRAMS

Full Coverage
South Dakota Medicaid covers medically necessary health care services. Review the eligibility table for a brief snapshot of covered services. Specific coverage criteria and limits are noted in each section of the Provider Manual.

Limited Medicaid Coverage Programs
Not all South Dakota Medicaid recipients have full Medicaid coverage. Some recipients only have coverage for certain services. Below is a description of what is covered under the limited coverage programs.

(77) Pregnancy Only and (79) Unborn Children Prenatal Care Program
This program cover pregnancy related services only; Coverage is limited to prenatal care, labor/delivery, hospitalization due to delivery, pregnancy related ambulance services, and medical issues caused by or directly affecting the baby.

(47) Postpartum
This program covers the postpartum exam, family planning, and medical conditions directly related to the pregnancy and/or delivery. Supporting medical documentation is required for related medical conditions.

(80) Renal Program
Coverage is limited to outpatient dialysis, home dialysis, including supplies, equipment, and special water softeners, hospitalization related to renal failure, prescription drugs necessary for dialysis or transplants not covered by other sources and non-emergency medical travel reimbursement to renal failure related appointments. The program's maximum coverage is $5,000 per state fiscal year from July 1 to June 30.

(71 & 73) Qualified Medicare Beneficiary (QMB)
This program covers the recipient's Medicare Part B premium as well as co-payments and deductibles on Medicare A and B covered services.

(72 & 74) Special Low-Income Beneficiary Program (SLMB)
The program only pays the recipient's Medicare Part B premium. The recipient will not receive a Medicaid ID card for this program.

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HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVER PROGRAMS

Home and Community Based Services (HCBS) Waiver programs are designed to provide services to meet the needs of individuals who prefer to receive long-term services and supports in their home or community instead of an institutional setting. Individuals must meet financial and additional eligibility requirements to qualify for a waiver program.

South Dakota has four HCBS waiver programs operated by the Department of Human Services. Each waiver program targets a specific population and provides services to meet the needs of the target population.

- Home and Community-Based Options and Person-Centered Excellence (HOPE)
- CHOICES
- Family Support 360
- Assistive Daily Living Services (ADLS)

HCBS coverage is in addition to other Medicaid coverage. If the service is covered under an individual's Medicaid coverage program, those benefits must be used prior to any HCBS benefits.

INCARCERATED RECIPIENTS

South Dakota Medicaid is prohibited from paying claims when a recipient is involuntarily held in a "public institution." A public institution is defined as an institution that is the responsibility for a governmental unit or over which a governmental unit exercises administrative control. Examples of a public institutions include; prisons, jails, juvenile detention centers and other penal settings. Claims paid for dates of service when an individual is held in a public institution are subject to recoupment. South Dakota Medicaid is not always aware that a recipient is being held in a "public institution" and a recipient may appear eligible when verifying eligibility. Claims payment is allowable for individuals on home confinement, parole or probation as well as those residing in community facilities such as group care centers.

FREQUENTLY ASKED QUESTIONS

1. **A recipient provided me with a letter of retroactive coverage for South Dakota Medicaid. How do I bill Medicaid?**

   Claims must be submitted to South Dakota Medicaid within the timeframe stated on the letter of retroactive coverage. A copy of the letter <u>must</u> accompany the claim.

2. **Can I verify retroactive coverage on the Online Portal?**

   Yes, the dates of retro-eligibility will appear at the bottom of the Recipient Eligibility Inquiry screen.

On 11/29/2018 this individual became retroactively eligible for services on or after 04/01/2018.

You may submit claims with dates of service on or after 04/01/2018 through the end of 05/31/2019.

Print this page and submit with claim as proof of timely filing.

This is not a guarantee of benefits or payment. The data shown is the latest information available. All payments are subject to any limitation or exclusions that are in effect at the time the patient receives services.

3. **I have a recipient who is eligible for both Qualified Medicare Beneficiary (QMB) and Renal, which is the primary aid category?**

    The claim would first be submitted to Medicare, after which it is billed as a cross-over to SD Medicaid. If the service is a Medicare covered services, SD Medicaid will pay the copayment and deductible. The Renal coverage will not have a balance to pay in these situations.

4. **Do Medicaid eligible American Indians who are tribally enrolled have a cost share?**

    No, tribally enrolled recipients are IHS eligible and have received a service at IHS are exempt from paying a cost share. IHS status will appear at the bottom of the Recipient Eligibility Inquiry screen.

    * Recipient is eligible for IHS/Tribal Care Coordination.

ELIGIBILITY TABLE

The following table provides a breakdown of recipient eligibility by service type and recipient aid category.

Recipient Eligibility For Medical Services Aid Categories							
Services	Full Coverage (10-13, 15-16, 21-23, 30-33, 35-38, 40, 41, 43-46, 53, 54, 57, 67, 75, 76, 78 & 90)	Pregnancy Related Coverage only (77)	Pregnancy Related Postpartum Care only (47)	Unborn Children Prenatal Care Program (79)	Qualified Medicare Beneficiary (71 & 73)	Special Low-Income Beneficiary Program (72 & 74)	Renal Coverage (80)
Air and Ground Ambulance	Y	L	L	L	X	N	R
Ambulatory Surgical Centers	Y	L	L	L	X	N	N
Audiology and Speech Therapy	Y	N	N	N	X	N	N
Behavioral Health	Y	L	L	L	X	N	N
Chiropractic	Y	L	L	L	X	N	N
Dental	Y	N	N	N	N	N	N
DME	Y	L	N	L	X	N	N
Family Planning	Y	L	L	L	X	N	N
Home Health	Y	N	N	N	X	N	N
Hospice	Y	N	N	N	X	N	N
Inpatient Hospital	Y	L	L	L	X	N	R
Laboratory Services	Y	L	L	L	X	N	N
Nutritional Therapy	Y	L	N	L	X	N	N
Occupational and Physical Therapy Services	Y	L	L	L	X	N	N
Optometric Services	Y	N	N	N	X	N	N
Outpatient Hospital	Y	L	L	L	X	N	R

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Physician Services	Y	L	L	L	X	N	R
Podiatry	Y	N	N	N	X	N	N
Renal Dialysis	Y	N	N	N	X	N	R
Pharmacy	Y	L	L	L	N	N	R
School Districts	Y	N	N	N	N	N	N
Skilled Nursing Facilities	Y	N	N	N	X	N	N
Substance Use Disorder Treatment	Y	L	L	L	X	N	N
Transportation	Y	L	L	L	X	N	R

Y = Covered

X = Crossover from Medicare

L = Limited to pregnancy related services only. Prenatal care, labor/delivery, hospitalization due to delivery, ambulance, medical issues caused by or directly affecting the baby.

N = No coverage

R = Limited to outpatient dialysis, home dialysis, including supplies, equipment, and special water softeners, hospitalization related to renal failure, prescription drugs necessary for dialysis or transplants not covered by other sources and non-emergency medical travel reimbursement to renal failure related appointments.

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